

☐ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/10

or

☒ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 04/01/2009 **THROUGH** 06/30/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

NETWORK OF DOMESTIC REFERRAL AGENCIES

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

WALNUT CRE -
EK

CA

94596

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

NONE

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>10000.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>10000.00</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/21/2009

At (City and State)
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)
J. RICHARD EICHMAN

Name of Employer or Responsible Officer (Type or Print)
J. RICHARD EICHMAN

Title
CERTIFIED PUBLIC ACCOUNTANT
4272SLC

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: NETWORK OF DOMESTIC REFERRAL AGENCIES**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
PUBLIC POLICY ADVOCATES,LLC SACRAMENTO CA 95814	10000.00	0.00	0.00	10000.00	25088.07

☐ If more space is needed, check box and attach continuation sheets
TOTAL THIS PERIOD (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 10000.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: NETWORK OF DOMESTIC REFERRAL AGENCIES**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.				TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 0.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: NETWORK OF DOMESTIC REFERRAL AGENCIES

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

ATTACHMENT FORM 635-C
PAYMENTS RECEIVED BY TO LOBBYING COALITIONS
 (Attachment to Form 635)

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
A BETTER WAY HOME CARE LOS ANGELES CA 90046	\$ 850.00	\$ 1250.00
AFFORDABLE HOME CARE AGENCY WALNUT CREEK CA 94596	\$ 1250.00	\$ 5250.00
ALEXANDRA NURSES REGISTRY AND CARE PLANNING IRVINE CA 92604	\$ 0.00	\$ 250.00
ALL LOVING CARE,LLC CLAYTON CA 94517	\$ 0.00	\$ 0.00
AMERICARE ALLIANCE VACAVILLE CA 95687	\$ 0.00	\$ 0.00
ARP HOME CARE,LLC DBA BETTER LIVING SACRAMENTO CA 95827	\$ 0.00	\$ 0.00
BETTER LIVING SACRAMENTO SACRAMENTO CA 95821	\$ 4250.00	\$ 7250.00

ATTACHMENT FORM 635-C
PAYMENTS RECEIVED BY TO LOBBYING COALITIONS
(Attachment to Form 635)

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
CALIFORNIA COALITION OF DOMESTIC REFERRAL AGENCIES	\$ 1250.00	\$ 2050.00
SACRAMENTO CA 95819		
CAPISTRANO NURSES REGISTRY	\$ 250.00	\$ 250.00
SAN JUAN CAPISTRANO CA 92675		
CARELINK HOME CARE,INC.	\$ 0.00	\$ 0.00
ORANGE CA 92868		
CARING HANDS OF THE DESERT	\$ 400.00	\$ 550.00
RANCHO MIRAGE CA 92270		
COMMUNITY CARE,INC.	\$ 0.00	\$ 0.00
MONTEREY CA 93940		
DEL MAR PLACEMENT AGENCY	\$ 0.00	\$ 0.00
PASADENA CA 91104		
DESERT VALLEY NURSES	\$ 0.00	\$ 0.00
PALM SPRINGS CA 92262		

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

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NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
EXCELLENT IN-HOME CARE LOS ANGELES CA 90048	\$ 0.00	\$ 0.00
FROM THE HEART HOME CARE SANTA ROSA CA 94501	\$ 1250.00	\$ 2000.00
HAMILTON HOME CARE NURSES REGISTRY SAN CLEMENTE CA 92672	\$ 0.00	\$ 0.00
HELP AT HOME,LLC MONTEREY CA 93940	\$ 0.00	\$ 0.00
HOME MANAGEMENT CARE LOS ANGELES CA 90010	\$ 0.00	\$ 0.00
IN HOME CARE SERVICES VALLEJO CA 95492	\$ 0.00	\$ 0.00
IN HOME CARE SOLUTION NEWPORT BEACH CA 92660	\$ 0.00	\$ 0.00

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FORM 635-C
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Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

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NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
INDEPENDANT HOME CARE SAN DIEGO CA 92108	\$ 0.00	\$ 0.00
JB HOME CARE SACRAMENTO CA 95825	\$ 250.00	\$ 1750.00
NEW CENTURY HOME CARE LOS ANGELES CA 90048	\$ 550.00	\$ 900.00
NORTH BAY ELDERCARE OPTIONS CORTE MADERA CA 94925	\$ 0.00	\$ 0.00
PRIVATE CARE ASSOCIATION INC. WASHINGTON DC 20015	\$ 0.00	\$ 0.00
PROFESSIONAL REGISTRY HOLDINGS DBA WESTCLIFF NURSES REGIST - RY	\$ 500.00	\$ 1250.00
NEWPORT BEACH CA 92660		
RELIABLE HOME HELP PERSONNAL SERVICES INC. VISTA CA 92084	\$ 0.00	\$ 0.00

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FORM 635-C
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Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
SD LOVING HOME CARE	\$ 0.00	\$ 350.00
LA MESA CA 91941		
SENIORS HELPING SENIORS	\$ 0.00	\$ 0.00
MIRA LOMA CA 91752		
SENSIBLE SENIOR HOME CARE	\$ 250.00	\$ 250.00
MIRA LOMA CA 91752		
TENDER HEART HOME CARE	\$ 0.00	\$ 250.00
DANVILLE CA 94526		
TLC ATTENDANT CARE	\$ 0.00	\$ 1000.00
SANTA MONICA CA 90405		
VISITING ANGELS OF LAGUNA HILL	\$ 250.00	\$ 250.00
LAGUNA HILLS CA 92653		
VISITING ANGELS OF ORANGE CO.	\$ 0.00	\$ 0.00
LAGUNA HILLS CA 92653		

ATTACHMENT FORM 635-C
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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

NETWORK OF DOMESTIC REFERRAL AGENCIES

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
VISITING ANGELS OF VENTURA VENTURA CA 93003	\$ 300.00	\$ 300.00
VISITING ANGELS,SAN DIEGO FAIR OAKS RANCH CA 91387	\$ 0.00	\$ 250.00
VISITING ANGLES,HUNTING BEACH HUNTING BEACH CA 92647	\$ 0.00	\$ 250.00